

Figure SC850.F7. Notice of Benefit ChangesSTATE OF NEW HAMPSHIRE  
DEPARTMENT OF EMPLOYMENT SECURITY3 PLAZA DRIVE  
P.O. BOX 457  
DOVER NH 03820-0457  
DETERMINATION ON CLAIM FOR UNEMPLOYMENT BENEFITS FILED BY:

CLAIMANT NAME: Doe, John

SSN: 111-11-1111

U S NAVY (CIVILIAN)

DOCUMENT #: 001

BENEFITS YEAR ENDS  
03/30/96

WEEKLY BENEFIT AMOUNT: \$83.00 POTENTIAL MAXIMUM BENEFITS: \$2,158.00

YOU BECAME UNEMPLOYED ON 07/29/94.

IF YOU MEET THE ELIGIBILITY REQUIREMENTS, YOU WILL RECEIVE BENEFITS FOR THE WEEK  
ENDING 10/07/95 AND FOR UP TO 25 WEEKS IN THIS BENEFIT YEAR FOR WHICH PROPER AND  
TIMELY CLAIMS ARE FILED.

ACCT#	EMPLOYER	TYPE	CHARGE AMT	ANNUAL EARNINGS FOR QUARTERS ENDING				TOTAL
				02/21/94	05/30/94	09/30/94	12/31/94	
0049213	CSCA COLA BOTTLING CO. OF	NRE	83.00	0.00	0.00	0.00	0.00	0.00
0023101	IAFBLA, JOHN COMPANY, INC.	SPE	0.00	0.00	0.00	3,347.69	4,290.69	7,638.08
0001423	U S NAVY (CIVILIAN)	SEP	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS:				0.00	0.00	3,347.69	4,290.69	7,638.08

SPE = BASE PERIOD EMPLOYER      CMC = CHARGEABLE EMPLOYER      LEU = LAST EMPLOYING UNIT  
 NRE = MOST RECENT EMPLOYER      SEP = SEPARATING EMPLOYER

## APPEAL RIGHTS FOR CLAIMANTS AND EMPLOYERS

You may appeal this determination by FILING an appeal in writing to an Appeal Tribunal. Your appeal MUST be received in an office  
of the Department or, if mailed, postmarked WITHIN 14 CALENDAR DAYS from the date this determination was mailed.

BUT NOT LATER THAN THE CLOSE OF BUSINESS ON

11/01/95

For assistance or additional information related to Appeals, contact the above Local Office or refer to your Rights and Obligations pamphlet.  
DETERMINATION BY: CONSTANCE JACQUES

DATED MAILED: 10/18/95

Help Line TDD Relay 1-800-735-2964

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